



THE COMMONWEALTH OF MASSACHUSETTS  
Division of Occupational Safety  
19 Staniford Street, 2<sup>nd</sup> Floor  
Boston, MA 02114  
Phone: 617-626-6960  
Fax: 617-626-6965  
[www.mass.gov/dos](http://www.mass.gov/dos)

APPLICATION FOR  
**Lead-Safe Renovation Contractor  
Licensing Waiver**

(In accordance with the provisions of 454 CMR 22.00)

**FOR DOS USE ONLY**

☐ Initial Application

☐ Duplicate Application

Waiver # \_\_\_\_\_

Issue Date \_\_\_\_\_

Reviewer \_\_\_\_\_

Please complete each section by printing or typing the information, attaching all required documentation, and signing the application.

**1. APPLICANT INFORMATION**

Business Name \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Website Address: www. \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Business Location (Street) \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

FEDERAL IDENTIFICATION NUMBER \_\_\_\_\_

**THE APPLICANT IS:** (Check applicable box)

<input type="checkbox"/>	Individual/Sole Proprietorship	<input type="checkbox"/>	Unincorporated Association
<input type="checkbox"/>	Corporation or Limited Liability Corporation (LLC)	<input type="checkbox"/>	Partnership, Limited Partnership (LP) or Limited Liability Partnership (LLP)
<input type="checkbox"/>	Other (Specify-i.e. Housing Authority, Town, School, etc.)	<input type="checkbox"/>	

**PLEASE PROVIDE REQUIRED INFORMATION AS LISTED BELOW:**

2. (a) As allowed by 454 CMR 22.03(3)(a) for persons, firms, corporations or other entities who carry out Renovation Work at their own property using their own regular employees or Responsible Persons, a formal request by a department manager or company official for a Lead-Safe Renovation Contractor License Waiver, which includes an affirmation that the License Waiver will be used solely for Renovation Work which conforms to the limitations set by 454 CMR 22.03(3)(a) and that the requirements set forth at 454 CMR 22.11(3) and (4) will be met on all Renovation Projects., **OR**
- (b) As allowed by 454 CMR 22.03(3)(b), a legible copy of the certification as a Certified Firm issued by the EPA prior to July 9, 2010, pursuant to 40 CFR 745.89.
3. (a) A list of the names, license numbers (if applicable) and addresses of all Responsible Persons and managers of the applicant who have primary responsibility for, and control over, Renovation Work of the applicant. *Use additional paper if necessary and attach to application.*

Name	License number	Address

(b) Deleader or Renovator Supervisor training certificates or legible copies thereof, indicating that a Responsible Person or manager of the applicant listed pursuant to 454 CMR 22.04(1)(a)9 has successfully completed the applicable initial and/or refresher training requirements for:

- Deleader-Supervisor, taken on or after July 9, 2010, as specified in 454 CMR 22.08(4)(c) and/or 454 CMR 22.08(4)(f);
- OR,**
- Renovator-Supervisor as specified by 454 CMR 22.08(4)(d) and/or 454 CMR 22.08(4)(f).

*Use additional paper if necessary and attach to application.*

NAME	COURSE TITLE	NAME, ADDRESS OF TRAINING PROVIDER	DATE OF COURSE COMPLETION

#### 4. STATEMENT OF COMPLIANCE

I, \_\_\_\_\_, \_\_\_\_\_, do  
PRINT NAME PRINT TITLE

hereby state that that I have read and understand the Commonwealth of Massachusetts Deleading Regulations 454 CMR 22.00, as most recently amended; and that while performing renovation work the requirements of 454 CMR 22.11(3) and (4) will be met; and the work is otherwise conducted in accordance with the applicable requirements of 454 CMR 22.00.

I further state that this application is prepared in conformity with 454 CMR 22.00 and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief, and I understand that any false answer(s) will be considered just cause for denial of application or revocation of license. I further understand that information contained within this application can and will be verified using resources available to DOS.

**Signed under the penalties of perjury.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

This Contractor Licensing Waiver is issued pursuant to 454 CMR 22.04(3) shall be valid for a period of five (5) years from the date of issuance, except that a Contractor Licensing Waiver issued pursuant to 454 CMR 22.03(3)(b) shall expire on the expiration date of the corresponding Certified Firm certificate issued by the EPA; or on the date that such Certified Firm certificate is suspended or revoked by the EPA; or on the date that such Contractor Licensing Waiver is suspended or revoked by DOS, whichever is earlier. A Contractor Licensing Waiver issued pursuant to 454 CMR 22.03(3)(b) is not renewable.

**Please forward your completed application to:**

**Division of Occupational Safety  
Licensing & Regulations Unit  
19 Staniford Street, 2nd Floor  
Boston, MA 02114**

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	ITEMS APPROVED BY:	DATE:
TRAINING CERTIFICATES		
APPL. COMPLETE - OK TO ISSUE		